TOWNSEND and TOWNSEND Two Embarcadero Center, 8th F San Francisco, CA 94111-3834 (415) 576-0200 ASSISTANT COMMISSIONER

BOX PATENT APPLICATION Washington, D.C. 20231

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This is a request under 37 CFR 1.60 for filing a

[x] Continuation [] Division

of application No. 07/823,932

of (list each inventor) Philip S. Green

for Surgical System

The application papers FILED HEREWITH (specification, claims, originally filed drawing(s) and oath or declaration) are a true copy of the prior application.

By

RULE 60

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Atty. Docke:

"Express Mail" Label No. EM197110018US

I hereby certify that this is being deposited with the United States

now whandened.

Postal Service "Express Mail Post Office to Addressee" service under

37 CFR 1.10 on the date indicated above and is addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231

Date of Deposit September 9, 1996

Please amend the specification by inserting before the first line the sentence:

_____, filed <u>01/21/92</u>

[x]

--This is a [x] Continuation [] Division

filed January 21, 1992

of application No. 07/823,932 A preliminary amendment is enclosed.

- [] Formal drawings are enclosed.
- An Information Disclosure Statement under 37 CFR 1.97 is enclosed. []
- [x] A verified statement to establish status under 37 CFR 1.9 and 37 CFR 1.27 [] is enclosed, or [x] was filed in the above identified parent application.
- Enclosed is a petition to extend time to respond. []
- [] Please record the enclosed assignment to _
- The prior application is assigned to **SRI** International [x]
- Please cancel claim(s) 1-25 [x]

Claims as Filed, Less any Cancelled Claims

(Col. 1) (Col. 2)

FOR:	NO. I	ILED	NO. EXTRA
BASIC FEE			
TOTAL CLAIMS	20	-20=	*0
INDEP CLAIMS	4	-3=	*1
[] MULTIPLE DEPENDENT CLAIM PRESENTED			

* If the difference in Col. 1 is less than zero, enter "0" in Col. 2

Please charge Deposit Account No. 20-1430 as follows:

- [X] Filing fee
- [X] Any additional fees associated with this paper or during the pendency of this application
- The issue fee set in 37 CFR 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 CFR 1.311(b).

[] A check for \$	is enclosed
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1 extra copy of this sheet is enclosed.

SMALL ENTITY

RATE	FEE	OR
	\$375	OR
x11=	\$	OR
x39=	\$39	OR
+125=	\$	OR
TOTAL	\$414	OR
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SMALL ENT	MALL ENTITY	
RATE	FI	

OTHER THAN A

RATE	FEE
	\$750
x22=	\$
x78=	\$
+250=	\$
TOTAL	\$

\$ 414.00

Respectfully submitted,

TOWNSEND and TOWNSEND and CREW LLP

Reg. No.

Attorney's for Applicant

Telephone: (415) 576-0200 RULE60.TRN 4/96